

BUILDING PERMIT APPLICATION - PAGE 2

CONTRACTORS—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA'S WORKER'S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

BUILDING CONTRACTOR: _____
STATE/CERT/REG#: _____
ADDRESS _____
STATE _____ ZIP _____
CONTACT PHONE #: _____
EMAIL: _____
SIGNATURE _____

Contractor Add on:
Permit #: _____
Site address: _____

PLUMB. CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____

LP GAS CONTRACTOR: _____
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____

HVAC CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____

OTHER CONTRACTOR: _____
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____

ELEC. CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____

OTHER CONTRACTOR: _____
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____

SPECIALTY CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
EMAIL: _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____

ENGINEER/ARCHITECT _____
STATE CERT/REG # _____
PHONE _____ CELL _____
EMAIL: _____

SIGNATURE _____